PROGRESS

VOLUME III NUMBER I JUNE, 1961

IN THIS ISSUE

AWARENESS · KNOWLEDGE · UNDERSTANDING
PREVENTION

THE ALCOHOLISM FOUNDATION OF ALBERTA

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The Alcoholism Foundation of Alberta is a private Foundation incorporated in 1951 under the Societies Act, financed by provincial and municipal grants, corporate and private contributions. The Foundation's three point program of Education, Treatment, and Research, is directed at the eventual Prevention of Alcoholism in Alberta. Patient counselling, medical, educational, and research services are provided through the two centres in Edmonton and Calgary. The Foundation recognizes alcoholism as a treatable illness, a serious public health problem, and therefore a public responsibility.

TREATMENT

Treatment services are available to anyone desiring help with a drinking problem. The treatment program includes individual counselling, medical treatment, and group therapy. A service fee of $10.00 is charged to the patient. No patient is ever denied treatment due to inability to pay.

There are no consulting fees.

Edmonton and Calgary out-patient clinic hours — 9 a.m. to 5 p.m.
Monday through Friday.

The Alcoholism Foundation of Alberta

Executive Director—MR. J. GEORGE STRACHAN

PROGRESS

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PROGRESS is published every two months as part of the Foundation's Educational program in order that a more comprehensive knowledge, greater understanding, and more objective viewpoint of the illness alcoholism be provided the people of this province. All material in PROGRESS is believed to have been obtained from reliable sources, but no representation is made as to the accuracy thereof. Opinions expressed in the articles themselves are not necessarily those of The Alcoholism Foundation of Alberta, but are those of the authors reported.

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Comment

The search for the 'alcoholic personality' takes many forms. *An Experiment in Dependency* is an interesting example of some of the research that is now being conducted. This study may have important practical applications, but it by no means proves that every alcoholic is 'dependent,' nor that every 'dependent' person could become an alcoholic.

Alcohol and Society is the third in our series of articles on alcohol. **Genevieve Knupfer** is Associate Director, Drinking Practices Study, California State Department of Public Health. This article is reprinted, by kind permission of the author and publisher, from "California's Health." Dr. Knupfer writes of the uses of alcoholic beverages in various societies, both historical and contemporary, and discusses some of their cultural implications.

In previous issues of Progress we have published a series of articles on AA as prepared by the General Service Office of Alcoholics Anonymous. *The Ways of Alcoholics Anonymous* sums up the A.A. program and suggests reasons for its therapeutic success.

The Rev. **H. D. Joyce** is minister of St. James' United Church in Ottawa. *A Clergyman Discusses Problem Drinking* is reprinted by kind permission of the author and the Ontario Alcoholism Research Foundation.

J. D. M. Bliss is Supervisor of Treatment at the Calgary Clinic of the Foundation. In *A Counselling Hazard* he suggests a reason why so many alcoholics are still misunderstood and rejected by those to whom they turn for help. He outlines a particular approach which some alcoholics use, and which is usually self-defeating unless the counsellor is sufficiently knowledgeable and skilled to recognize it.

Annual Report

The Seventh Annual Progress Report, covering the period January 1, 1960 to December 31, 1960, has now been published. Copies are available from either the Edmonton or Calgary centres.

ANNUAL MEETING

The Eighth Annual General Meeting of The Alcoholism Foundation of Alberta was held in Edmonton, May 15th, 1961. Mr. D. S. Macdonald, President of the Foundation, presided. The Officers and Board of the Foundation for the year 1961-1962 are as follows:

Mr. D. S. Macdonald—President
Mr. G. L. Crawford—First Vice-President
Mr. R. W. Burns—Second Vice-President
Mrs. C. R. Wood—Honorary Secretary
Mr. J. S. McGuckin—Honorary Treasurer
Hon. Dr. J. Donovan Ross—Honorary Board Chairman

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Mr. S. A. Keays	Mr. Murray E. Stewart
Mr. Wm. Newbigging	Dr. S. B. Thorson
Dr. Walter C. MacKenzie	Hon. Norman A. Willmore

Hon. E. C. Manning—Honorary Board Member

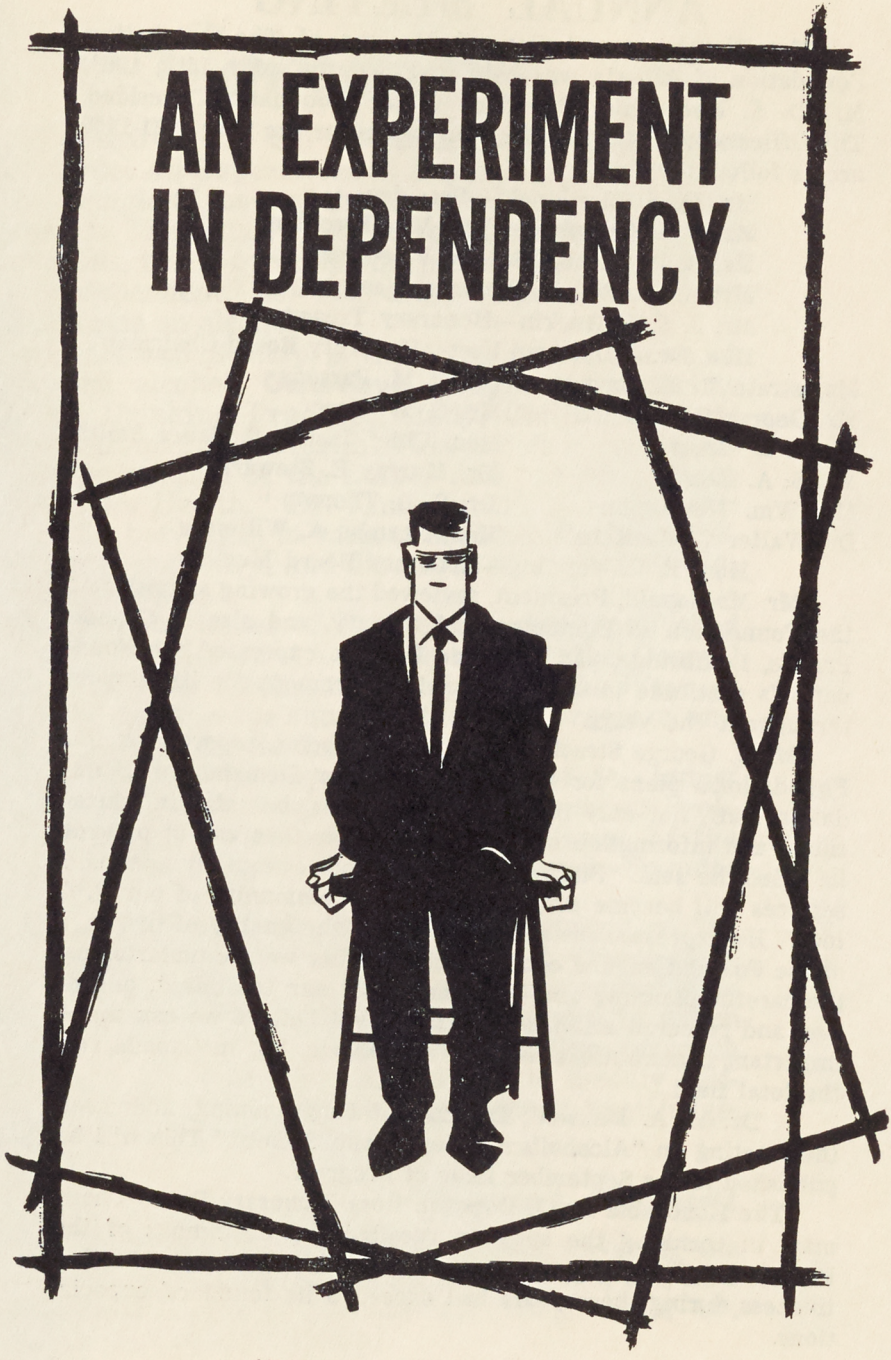
Mr. Macdonald, President, reviewed the growing activities of the Foundation in Edmonton and Calgary, and also in Grande Prairie, Lethbridge, and Medicine Hat. He expressed the Foundation's gratitude to the Provincial Government for its support throughout the years.

Mr. J. George Strachan, Executive Director, reported on the Foundation's plans for the next few years. Demands on Foundation staff, not only in treatment services, but also in educational and information services, are greater than can at present be filled, he said. "But, it is our hope that eventually adequate services will become available to every Community of our Proince." He expressed his satisfaction with the quality of the staff of the Foundation, and concluded, "Together we are undertaking the careful planning and coordination of our treatment, education and research activities. In this way I believe we can make important contributions not only in Alberta, but in Canada and the total field.

Dr. M. A. Maxwell, Director of Programming, addressed the meeting on "Alcoholism, Science, and Society." This will be published in the September issue of Progress.

The Honorable Dr. J. Donovan Ross, Honorary Board Chairman, in thanking the speaker, recalled the beginnings of the Foundation ten years ago and stated that its growth and effectiveness during these years had exceeded its founders' expectations.

AN EXPERIMENT IN DEPENDENCY



NUMEROUS attempts have been made to learn whether certain types of people are more likely than others to become alcoholics. If a common core of personality traits in problem drinkers could be identified, a new universe of possibilities for prevention as well as treatment might be opened up.

Imperfect research methods have been blamed for the failure to find clear-cut distinctions between alcoholics and non-alcoholics. The study of personality involves particular difficulties. The carefully controlled laboratory conditions of the chemist are impossible, and objective measurements of the data are hard to achieve. Yet effective research requires methods which are exact, duplicable, and based on quantitative measurements.

A new approach which may solve some of these problems has emerged as a by-product of extensive research during the last 15 years in the field of "perception-personality relationships" by H. A. Witkin and his associates.

Each individual, they note, has a characteristic way of perceiving objects visually which seems to reflect basic personality patterns. An example is the person's orientation toward the upright in space: he knows, for instance, whether his body is straight or tilted and, when tilted, the direction and amount of tilt. This ability depends on the force of gravity, "a force which corresponds in its direction to the true upright." Witkin and his associates believe that a second factor is involved, however. The person's orientation in space is related also to the straightness of the objects surrounding him — buildings, rooms, furniture — all of which express strong vertical and horizontal lines. "By comparing the position of his body with these visually perceived verticals and horizontals, the person has another basis for determining whether he is straight or tilted. . . . We therefore devised a series of situations in which a separation of these determinants of spatial orientation was made possible."

A SMALL ROOM was constructed so that it could be tilted to any degree. Inside was a chair which could be tilted independently. A subject is seated in the chair, and room and chair are tilted to set positions. The subject is asked to adjust the chair (and hence his body) to a position which he perceives as upright, although the room remains tilted. A protractor system allows exact measurement of the amount by which the subject's body is tilted when he reports it as straight.

Dramatic differences are found among individuals on this body-adjustment test. Some are able to achieve a true upright regardless of the tilt of the room. Others can hardly separate themsleves from their surrounding in this way: to feel themselves straight, they must align themselves more or less with

the perceived environment. The former response seems to indicate ability to maintain independence of one's surroundings; the latter apparently shows submission to the influence of the visual environment — hence dependence. When subjects were retested as many as 7 years later, their responses were unchanged, "suggesting that we are dealing with a quite deep-seated aspect of functioning."

Witkin and his associates found that persons strongly influenced by the surrounding visual field ("field-dependent") in determining body position are consistently dependent in other visual tests. In another experiment the subject was shown a simple black-and-white geometric figure; this was then replaced by a complicated colored design within which the simple figure was buried. Those who had difficulty locating it tended to be the same people who tested "dependent" in the tilted room.

Psychological personality studies of the subjects who had taken the perception tests revealed that those who had scored more field-independent tended to show "activity and independence in relation to the environment; . . . closer communication with and better control of their own impulses; and . . . relatively high self-esteem . . ." Conversely, field-dependence in the tests was associated with passivity and dependence in general psychological make-up.

SINCE alcoholics are often described as "dependent," 30 male outpatients at the State University of New York Alcohol Clinic (Brooklyn) were given the battery of perception tests, as were 30 male controls matched in age, education and ethno-religious background. The alcoholics scored significantly higher in field-dependence than the controls; on the basis of scores alone, alcoholics could be distinguished from controls with 77 per cent accuracy. To test the possibility that the greater field-dependence of alcoholics is associated with their general psychological deviance rather than with alcoholism specifically, 20 alcoholics were compared with 20 non-alcoholic psychiatric patients, using the same perception tests. Again the alcoholics scored significantly higher in dependence, suggesting that it is the form of pathology, not the mere fact of pathology, that accounts for the marked dependence found among alcoholics.

Preliminary results of other studies support this hypothesis. Tests of female alcoholics revealed that they also are markedly field-dependent. And a group of alcoholics who had been abstinent for 2 years or longer showed greater field-dependence than nonalcoholic controls. This finding implies that the dependent mode of perception survives the elimination of the alcoholic symptom itself.

In studies with children, it was found that field-dependence repre-

sents a developmentally earlier, more primitive kind of perception. Persistence in a field-dependent way of perceiving reflects growth-hampering forces in the child's psychological environment.

WITKIN and his associates accordingly favor the view that dependent perceptual performance reflects a general personality constellation rather than the alcoholic symptom itself. They report that other clinical groups often characterized as dependent, as obese persons or ulcer patients, have also shown marked dependence in the perception tests.

The dependence, however, appears to be a pre-alcoholic trait, and thus could serve as a focus for preventive as well as therapeutic measures. Individuals bearing the tell-tale signs might be diagnosed before the illness had a chance to develop. And the treatment of those not caught in time might be directed toward finding nonalcoholic solutions to the life problems created by the specific personality traits.

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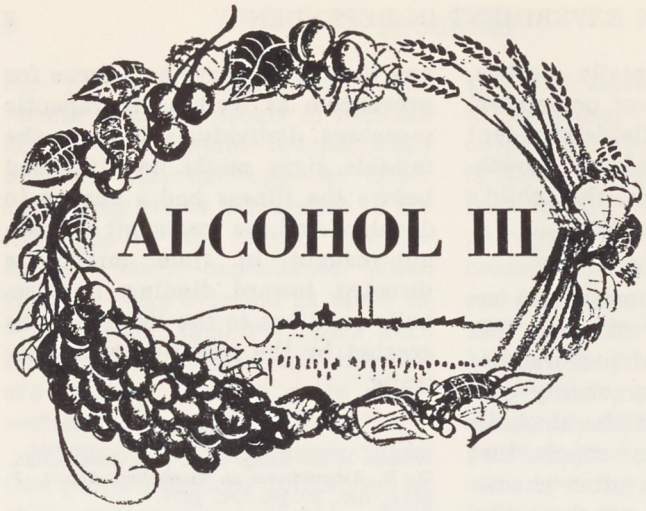


ALCOHOL and SOCIETY

by Genevieve Knupfer, M.D., Ph.D.

LET US TURN now to an examination of how people in different social groups feel about drinking alcoholic beverages, what they do about it, what problems, if any, result, and how such problems are handled.

There are a great many different groups to draw from. There are the pre-literate societies, often called the primitive societies, of which several hundred have been studied. There are the historical nations and societies. Then there are the contemporary groups, including the different nations in the world today, and, perhaps most important, for reasons which will become apparent later on, the sub-cultures in our own country.

Universal Practice

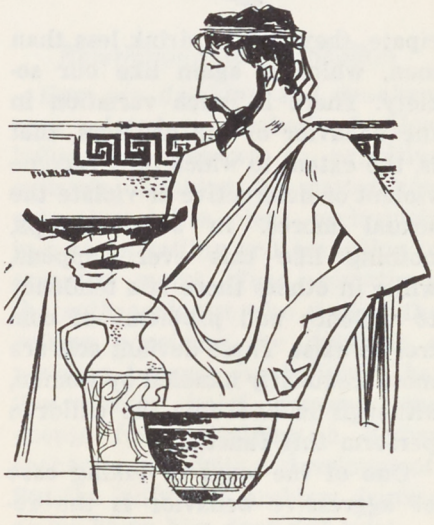
What is at first striking when one surveys drinking in all these cultures is how widespread the practice is. Alcoholic beverages have been known to man for a very long time, probably since the paleolithic age, certainly since the neolithic. The invention or discovery of alcoholic beverages may have been an important stimulus to the development of agriculture. There are a few pre-literate societies in which alcoholic beverages are not used.[1] In most cases this is because

of failure to invent them, but there are some groups such as the Hopi and Zuni Indians[2] which imposed a taboo on drinking after alcohol had been introduced by white men because they found it a disruptive influence in their culture. There is one large group among the more advanced historical societies where alcoholic beverages are taboo; namely, the Moslems. Aside from these few examples, total abstinence as an ideal is rare. All sorts of surprising examples come to mind. The Spartans, who were the Puritans of ancient times, were supposed to be very devoted to sobriety, and their rule was that no man should have more than a pint of wine a day.[3] Early Christians, people in medieval Europe, and in religious orders, were not opposed to drinking. Calvin, Luther, Knox were not teetotalers. The Puritans of colonial times were strong believers in sobriety, but they did not regard the moderate use of alcohol with disfavor. Even the Quakers were not opposed at first; this developed later.

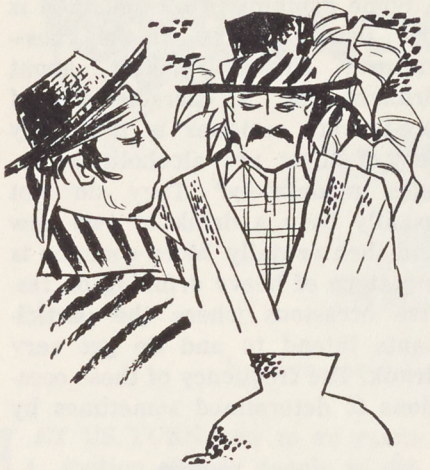
The abstinence movement seems to have arisen in the 18th century and gained strength in the 19th.[4] The reasons for this are not immediately apparent; one could speculate that it had to do with the development of alcoholism as a problem, which in turn was related to the rise of industrialism and urbanization. At any rate, the idea of a taboo on all drinking has been rare, and it seems to be diminishing in popularity in this country too. In fact, although there is something to be said for such a taboo as a moral value, it is of doubtful use as a practical measure for preventing alcoholism in a heterogeneous culture like ours.

Drunkenness Accepted

Some drinking of alcohol then is the usual finding in a cross-cultural survey. What about drunkenness? A characteristic of pre-literate societies is that very few of them use alcoholic beverages moderately.[5] They do not usually have a drink or two now and then or daily. More common is a pattern of heavy drinking on festive occasions where the participants intend to and do get very drunk. The frequency of these occasions is determined sometimes by



the supply of alcohol, sometimes by other considerations. There are varying limitations on the participants: sometimes only the elderly are allowed to drink, sometimes only the males, usually only the adults, and in most of these societies, as in ours, drinking is a symbol of adulthood. In most societies, although women do participate, they usually drink less than men, which is again like our society. There is much variation in the behavior of the drinkers, that is, the extent to which they become violent or destructive or violate the sexual mores. In some groups, nothing like this ever happens, while in others there is a tendency to violence and problems of control do exist. These deviant acts are most frequently handled by women, although in one case the children perform this function.[6]



One of the ways of taking care of aggressive behavior is the removal of weapons, so that no serious damage occurs when the men begin to fight. How the Warrau women of Guiana take care of a drinker is described as follows:

"When men are intoxicated . . . and the persuasion of their wives remains without effect, the women join together and, raising the refractory votary of the Indian Bacchus from the ground, place him with great agility in his hammock and, with a rapidity truly surprising, lace him in, where he remains like a mummy, or a babe in its swaddling clothes, till he comes to his senses."[7]

Control Aimed at Consequences

It should be noted that in all these cases, where control measures are instituted to take care of drunkenness, the idea is to prevent difficulties, not to condemn or punish anyone for being drunk.

We might learn something from the attitude that control measures should concentrate on the possible dangerous results of drunkenness rather than on drunkenness itself. For example, it is conceivable that a custom might arise in our society which would dictate that when people go out to drink at festive occasions they would make special transportation arrangements so as not to drive an automobile while intoxicated. This is not going to arise by itself because there are certain things militating against it: if an individual now were to arrange for a driver to take him

home he would probably be laughed at as a sissy. But if legal sanctions were imposed, it might be possible for a custom like this to develop.

A DESCRIPTION of drinking practices in the Bolivian Camba[8] is of interest because of the contrast with our own attitudes. Quite often, at least once every two weeks, men and women of the Camba have a party. It is a formalized procedure. They drink only a cane alcohol which is 178 proof. The participants sit around a table, on which is placed a container of sugar cane alcohol and a little glass. The host fills the glass, goes over to one of the guests, greets him, drinks half of the beverage in the glass and gives it to the guest, who has to drink the other half. He then goes to another guest and performs the same ritual. Sometimes they complain that it is very hard on the throat because it is so strong, but they feel that it is probably healthier that way. Participants often pass out, wake several hours later and then start in again. This goes on till the supply runs out, or until the feast days are over, then everybody gets up the next day and goes to work. No matter how much alcohol is in a person's system there seems to be no difficulty; he goes to work. They consider this a very enjoyable occasion and would be very puzzled if anyone tried to tell them how they could handle this problem, since it does not seem to them to be a problem. There are almost never any examples of violence or conflict as a result of drinking. The man who studied these people regarded these drinking bouts as an important means of social integration: the people live isolated lives; they have small families; they work in different haciendas; and have little to bring them together at all except these parties.

Some anthropologists have held that the amount of drunkenness in a pre-literate society can be related to the anxiety level of the culture.[9] Other students of the subject suggest that the anxiety theory is dictated by the prejudices of the European observer who assumes that drunkenness must be a response to anxiety, instead of being a possible means to solidarity or even a value in itself.[10]

Relationship to Alcoholism

How are drinking and drunkenness related to alcoholism? Alcoholism is unknown in primitive cultures. Drinking, no matter how extensive, takes place exclusively in a social setting and according to accepted mores. True, sometimes the anthropologist who studies the culture considers the drinking a problem because he believes that the custom itself prevents the people from attaining a higher economic or spiritual development. But the individual problem drinker as we know him does not exist.

It is understandable that in a rather small, homogenous culture one would not find alcoholism, because an alcoholic is, almost by definition, an individual deviant, and in such cultures there are very few opportunities for individual development away from the group.

There are other ways to explain the absence of alcoholism. I might begin by distinguishing two types of alcoholism: alcoholism as problem drinking, and alcoholism as compulsive drinking. In the first case the person drinking does not himself feel that it is compulsive and does not want anybody to bother him. But he creates a problem for others, either because he breaks the law, or because good citizens are offended by the spectacle of a drunken man on the street.

This may be different from compulsive drinking, where the man feels that he would like to stop but he cannot. The first kind is partly a matter of cultural definition — what creates a problem in one context does not create a problem for another. For example, the story is told of the chief of police of a small middle-western town who was considering applicants for the police force. He was sure that he could not take anyone from out of town because a stranger would not know the difference between ordinary drunks and Mr. Johnson, who, when he seemed to be drunk, had to be carefully escorted home rather than to jail. There may be a question whether Mr. Johnson was a problem drinker, because he did not get into trouble.[11]

Alexander The Great of Macedonia frequently got drunk and killed several of his best friends during these times. Furthemore, it is said that he died while attempting to prove that he could drink 12 quarts of wine at a sitting.[12] Nevertheless, he is not known to history primarily as an alcoholic.

AS I HAVE indicated, there are problems of definition when we consider problem drinking, and consequently also when we consider what is normal drinking. Our culture is not homogenous. We differ among ourselves in our attitudes toward alcohol as we do about other things, and we differ within ourselves; we are ambivalent.[13] It is a characteristic of our culture that it creates so many choices for the individual that one sometimes gets lost in them. Subgroups form, and these sub-groups are often fluid. You can move from one to the other, or circumstances move you; and you can never be sure of using what you have learned in one group in adapting to another group. You have to keep adapting. This mode of adaptability was described by Erich Fromm[14] as the "marketing orientation," developed in the last few hundred years, and by David Riesman[15] as the "other-directed" personality, directed by what one

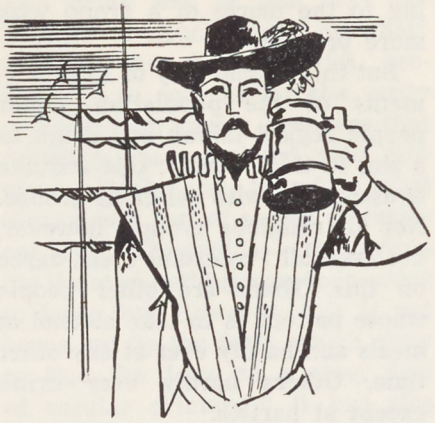
hears and sees about him rather than by persistent internal norms.

In the U.S. the consumption of absolute alcohol per capita in the last hundred years has remained about the same — approximately two gallons per capita for people 15 years of age and over.[16] This amounts to about one and a half ounces of 80 proof whiskey for every adult per day. However, the nature of the beverages included in the total sum of absolute alcohol has changed a great deal. In 1850, distilled spirits constituted 90 percent of the total, while in 1950 they made up only 38 percent of the total.[17] This implies a very considerable change in drinking habits.

There is also evidence[18] that a great deal more drinking now occurs in homes than it used to, with more beer and wine being drunk. This is partly due to the immigration of people such as Germans and Italians, who customarily drink wine and beer rather than spirits.

Of course, the alcohol is not being consumed equally by everyone, and this too is important. A survey[19] of the adult population in 1946 showed that about one-third of the people report no drinking; one-third report that they drink less than once a month; and one-third report that they drink once a month or more. Of those who drink more than once a month it is estimated that about one-sixth are alcoholics.[20]

Comparisons of people in this country who drink with people who



don't show that the tendency to drink is slightly correlated with the following factors: higher education, higher income, living in urban rather than rural areas, being a man rather than a woman, and religious affiliation.[17] The proportion of non-drinkers is greater among Protestants sects than among Catholics and Jews.

Values Change

Most of these figures support the idea which we get from other sources that the increase in drinking has to do with a whole trend which is not easily separable from drinking. There is prosperity, which enables people to afford it. There are changes in values that make people fear drinking less—the idea that it is more educated, more scientific, more sophisticated, more liberal, and generally "smarter" to get away from the old-fashioned religious notions, for instance. Drinking gives some people the feeling that they are conform-

ing to the mores of a group with more prestige.

But this is true only of some segments of the population. Other people regard taking any drink as a sin; in this country, this attitude is associated with religious groups. Not all religious groups, however, not even all Protestant sects, agree on this. There are other people whose pattern is to take alcohol at meals and hardly ever at any other time. Others hardly ever drink except at parties.

What constitutes acceptable behavior also varies a good deal. With some groups in the country, drinking must always be moderate, and drunkenness is looked down upon. The most paradoxical attitude, I think, is the idea that you should drink as much as you can without getting drunk, and that you compete with others in doing this. You cannot really let go and have a drunken orgy, as in primitive societies, or in some of our own college, fraternity, or Legionaire social gatherings. You have to keep your dignity, keep your control, but keep drinking, and this is really quite a problem. You have to deny that you get drunk, if you do, and pretend that others do not either.[22]

Effect of Pressure

People are subjected to a variety of group pressures. If the parents do one thing and the peer groups another, what will the person do? One study[23] has tried to find out which group the individual mainly resembles in his drinking patterns — friends, spouse, father, or mother. In general, it was found that the friends and the spouse, have more influence than the parents. In other words, we are influenced by the ways in which we are trained, but what happens in our immediate associations affects our drinking patterns the most.

A number of studies have been done on college students.[24] One of these[25] shows that fraternity men use alcohol more than non-fraternity men, so that a fraternity pledge living in a dormitory has to decide whether to conform to the fraternity pattern or to the dorm pattern. It turns out that his behavior falls between the two—the proportion using alcohol decreases in the following order: fraternity men, pledges living in the fraternity,

pledges living in dorms, and dorm residents.

There are other studies on the effects of different pressures. One such study[26] indicates the effect of a background of religious abstinence. The tendency of such a background is to produce within a group a smaller proportion of users of alcohol and a larger proportion of problem drinkers. This is partly tautological, I suppose, since if you belong to an abstaining group, you are going to make trouble if you take a drink. But that is not the whole story. College students who were, respectively, Jews, Episcopalians, Methodists, and non-affiliates with an abstinence background, were compared as to whether or not they reported social complications from the use of alcohol. No social complications were reported by 96 percent of the Jews who drank; 61 percent of Episcopalian drinkers reported no social complications; 50 percent of the Methodist and 43 percent of the non-affiliates reported no complications. There is a regular trend in percent reporting complications from the groups with most acceptance of moderate drinking to those with least acceptance.

AMONG THE sub-cultures in our society, Jews, Chinese and Italians have very low rates of alcoholism. Can we find out something about preventing alcoholism by studying those cultures? Is it that they drink less, or that they disapprove of drunkenness, or what? One of the first theories propounded to account for the rarity of alcoholism among Jews was that drinking was associated with religious ritual, and therefore that there was a sort of sacred or reverent attitude toward it — that drinking is not something you do in order to have fun. However, this is not borne out by the facts, which show us that the Jews do a great deal of secular drinking.[27] It has also been suggested that moderate drinking is customary and accepted, but that drunkenness is highly disapproved of, partly because of the high value attached to mental alertness, intelligence, and control in that culture.

Examples of two other groups with low rates of alcoholism, who are alike in that they do not disapprove of drinking, are the Italian-Americans[28] and the Chinese-Americans.[29] The Chinese-Americans do not disapprove of drunkenness; they have special occasions when this is the thing to do. The Italians have less drunkenness, but their pattern is to drink with meals, and alcohol is regarded as a food. One possible explanation of what the Chinese and the Jews have in common is that they have greater social cohesion, a tradition of being minorities maintaining their identities in foreign countries. The Chinese as well as the Jews have served as a commercial middle class in a great many countries.

They have strong cohesion as a group, while alcoholism is essentially an individual deviation. However, Italians do not fall into this category of a traditional minority, and they are not as strongly integrated as a group; they assimilate more than the other two groups. Perhaps the lack of ambivalence in attitudes toward drinking is the factor which protects these groups from alcoholism.

One student of the subject has formulated the following hypothesis:

"In any group or society in which the drinking customs, values, and sanctions—together with the attitudes of all segments of the group or society—are well established, known to and agreed upon by all, and are consistent with the rest of the culture, the rate of alcoholism will be low." [30]

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ALCOHOLICS ANONYMOUS

—*The Ways of Alcoholics Anonymous*

IN THE treatment of many illnesses, such as heart and mental disease, methods that go beyond the purely clinical and extend into the everyday life of the patient are essential. This type of constant therapeutic influence is particularly necessary for alcoholic patients. In this context, the work of Alcoholics Anonymous has demonstrated the enormous treatment potential made available when groups of patients assume responsibilities for their own recovery.

Alcoholics Anonymous is a loosely knit association of many small groups, varying from five or six to a hundred alcoholics who are trying to discover for themselves how to live without alcohol. The only requirement for membership is that the individual be an alcoholic.

There are no dues. Collections are taken up to pay the rent for a meeting-room or to maintain a central office, but members are not forced to contribute. Usually the only office is the chairmanship of a local group, and this is a rotating office. A group meets once or twice a week, and every month or so, may hold a meeting that is open to the public. Some groups own elaborate clubhouses; some meet in the homes of the members. Groups are completely independent and vary considerably.

The active members in AA are primarily men between 30 and 60 years old but recently there has been a marked increase in the number of women and of young men under 30. They represent all occupations and economic classes, all degrees of education, and diverse religious and political affiliations.

A typical open meeting begins with a talk by the chairman who outlines the purpose and character of the fellowship. Five or six members will then explain how they became alcoholics; how they got into AA; and what AA has done for them. Some of the speakers are inspirational; some try to analyze reasons why people become alcoholics; some explain the Twelve Steps of AA. Occasionally an outsider who has some relevant knowledge will give a talk. The meeting

closes with The Lord's Prayer. There are usually periods of "coffee-clatching" before and after the speeches. Closed meetings are less formal.

AA's generally try to help other alcoholics only when they ask for help. They try to persuade these alcoholics to come to meetings; help them recover from bouts; encourage them to eat and to seek medical treatment; talk with them; and help them to find jobs. The prospective member is not taxed with his shortcomings; he is only asked to give up alcohol for the next 24 hours. He is reassured that he is helpless, as are all alcoholics. He is told not to be too worried about all of the Twelve Steps. He is urged to call one of the members if he feels that he must have a drink.

He may be given or lent a copy of the book, "Alcoholics Anonymous" which explains the movement, the Steps, the groups, and gives a series of brief successful AA histories. One member becomes his particular sponsor. Eventually, he will be trying to help another alcoholic and thus become a sponsor himself. Anonymity is maintained to protect the members.

IN DISCUSSING the way in which this type of therapy works, S. D. Bacon (Yale University) calls it a resocialization process that weans the individual back into the society from which he has been isolated by the effects of alcohol. For this purpose the flexible, accepting structure of AA is most effective as it has scope for the alcoholic in all stages of what is actually a maturing process: from his initial parasitic role while he is still dependent on his sponsor; through the active-member role when he becomes a sponsor himself; to the active-member-plus-idea role when he begins to gain real understanding of the meaning of the AA program. This process gives the alcoholic a chance to activate needs for dominance, importance and self-expression through useful, socially constructive channels in the fellowship.

H. M. Trice (Cornell University) explains the effectiveness of AA in terms of the new self-concept it gives to its members. The new member gains in self-respect from the realization that his problem is due to illness rather than lack of willpower. His relation to the AA group and his part in it is strengthened by his sharing of obligations, aims and emotional problems with other members in an informal atmosphere.

According to Trice, the more outgoing, sociable individual who can share basic emotional reactions with others, who can adapt easily to the casual give and take during meetings, and who has had some experience with small informal groups, is most likely to be attracted to AA and to stay with it. Other alcoholics may try AA, but

fail. These include, for example, persons whose emotional rewards from heavy drinking still outweigh their emotional discomfort; those who feel little conflict about their drinking; those whose drinking is supported by a well-defined approving group; and those whose families unconsciously support their drinking by covering up or by trying to solve their problems for them. Alcoholics who initially reject AA, however, may return to it when intensified troubles bring them to a state of desperation.

The number of alcoholics helped to achieve sobriety through Alcoholics Anonymous since its beginning has been estimated at several hundred thousand. Its value as a therapeutic resource should be kept in mind by all professional workers in this field.

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Counsellor's Outstanding Awards

Gordon N. Hobson, a Counsellor at the Edmonton Clinic who graduated from the University of Alberta with first class honors in Psychology in May, has been awarded the MacEachran Gold Medal in Psychology, a Province of Alberta Graduate Scholarship, The Henry Marshall Tory Memorial Scholarship, and a First Class Standing Prize.

A Counselling Hazard

by J. D. M. Bliss, B.A., M.S.W.

The alcoholic as we know him is a sick person. He is often sick physically, emotionally, mentally and spiritually. The very nature of his illness has led him again and again to postpone seeking help until his situation has become too serious for him to ignore any longer.

Strangely enough, many alcoholics can still truthfully say they have sought help from ministers, social workers, psychologists, doctors, and others, but that none of these people have understood them or their problem. There are several reasons why the alcoholic is misunderstood and rejected by many people in the general field of social service. One important reason, I suggest, for this rejection has to do with the alcoholic's frequent use of a particular approach for help. This approach is usually self-defeating unless the counsellor is sufficiently knowledgeable and skilled to recognize it and to help the alcoholic face his real problem constructively.

Here, briefly, are steps or stages in this fairly common approach used by the alcoholic (as well as some non-alcoholics) in an attempt to get help in solving his problems **on his own terms and in his own way.**

He may:

1. Confess some or many previous moral deviations or injuries to others (financial or otherwise), hospitalization or crimes, all of which may be verified because they are on record somewhere;
2. Establish close confidence by making a "special" or apparently "first time" confession which reveals a reasonable and emotionally stressful situation as an explanation for present drinking and which also appeals to the narcissism and vanity within each one of us;
3. Increase the intensity of the emotional interplay between patient and counsellor by playing one group who are "not really all bad, but you can see they have done this to me" against another group, yourself or your agency, the "good guys who really understand me and my terrible situation." This further inflates the counsellor's ego;
4. Next, bring in partially true or distorted evidence which will intensify the emotional stress of the situation between "the stupid fellows who misunderstand me,"

and "you or your agency who have such wonderful and sympathetic understanding of my situation;"

5. At the appropriate moment (those adept in the use of the "confidential" approach have a well developed sense of timing) a real crisis situation is present. The mood felt by the counsellor is intensified. In effect, the alcoholic says "I'm no good, I'm a failure; I may as well end it all," or, "much as I want to stay sober, I can't if this continues."

The objective is to make the counsellor feel responsible for resolving the crisis and guilty if he does not, immediately, do something the alcoholic has suggested to relieve his crisis situation. For example: expect the counsellor to commit himself to a promise that might be very unwise; give material assistance such as money or clothes; approach someone whom the alcoholic should himself approach; arrange hospitalization; or help him to cover up something with which it would be unwise to interfere.

A counsellor who experiences the following combination of feelings may have been subjected to such an approach: An initial feeling of self-satisfaction (and perhaps a little smugness) about having established quickly a good relationship with an obviously difficult case; feeling of doubt about whether to take the requested action; a false sense of guilt because of the doubts; strong anxiety lest not taking the action requested will cause the alcoholic to take desperate action—perhaps get drunk, rob a store, kill himself or someone else. Accompanying the feelings of anxiety, doubt, and guilt, will be a sense of urgency—"something must be done at once by someone."

The counsellor's growing discomfort and feeling of being "put on the spot" may produce marked feelings of hostility toward the alcoholic. This, in turn, intensifies guilt feelings and, as a result, he may go along with the alcoholic's wishes or, in anger, reject him entirely. If the counsellor goes along with the course of action desired by the alcoholic, he will often regret it later and so will find it increasingly difficult to accept other alcoholics lest he he "taken in" again.

There are a few lay and professional counsellors who are "taken in" again and again. Unwise as it may be to generalize as to why these counsellors allow themselves to be victimized, I think it may be in order to mention, very briefly, two of several possible reasons why they allow it to happen:

(a) The counsellor has a strong need to make moralistic judgments in most relationships, and particularly about alcoholics and alcoholism. (This fact may be denied from conscious recognition by the counsellor).

(b) The counsellor often has an intellectual understanding of alcoholism as an illness but, when faced with an alcoholic, is unable to accept the illness concept as a fact because of his moralistic attitudes.

The moralistic attitude implies "I must help my neighbor even though he is bad." At the same time, by not fully accepting the illness concept, the counsellor assumes that the practicing alcoholic is capable of complete freedom to make choices and therefore should be allowed to do so. This combination of moralistic attitude and the assumption that the practicing alcoholic is normal enough to make rational choices will, in most instances, motivate the counsellor to "give in" to the alcoholic's plans. As a result of such action on the part of the counsellor, the alcoholic will not be able to achieve lasting sobriety and the counsellor will have his moralistic judgment of alcoholics and alcoholism more firmly entrenched.

In summary, in this method of trying to meet his great dependency needs in his own way and on his own terms, the alcoholic plays on our emotions:

(1) by appealing to our vanity by judicious ego inflation;
(2) by leading up to a crisis and arousing feelings of indignation in the counsellor through suggestions that others have bungled and mishandled the alcoholic's problems;
(3) by continuing subtly to inflate the counsellor's ego—"you are the only one who has ever understood and helped me." He thus increases the counsellor's feeling of personal responsibility for maintaining his positive response;
(4) by presenting a crisis with the threat of serious results unless the counsellor resolves it in a particular way.

Feelings of doubt and anxiety and a false sense of guilt and anger on the part of counsellor may lead to unwise compliance or rejection of alcoholics.

In the January 1961 issue of Progress, an article, "The Clergyman and the Indigent Alcoholic" by A. W. Fraser, outlines the appropriate steps for dealing with the particular approach I have mentioned. In addition to the points enumerated in that article, I suggest a further step in dealing with someone whom you know has been successfully using the above approach to avoid facing his real problem, alcoholism. These steps should not necessarily be taken in the first interview, but should be used as soon as the alcoholic has been convinced you really can and will help him.

Get the real issue into the open somewhat in the following manner: It seems to me that the primary problem is for you to make a decision whether or not you are going to stop drinking. You must realize

that this decision is your responsibility and yours alone. Anyone who tries to help you must do it on his terms and according to the policy of the agency.

"The responsibility for your situation and your recovery does not rest upon me, or my giving you what you want; your recovery and the resolution of your problems rest squarely upon whether or not you:

(1) want my help with your 'real' problem, alcoholism, and
(2) are willing to accept the help offered without trying to set your own terms and get action in the way that is most convenient and most comfortable to you.

I am prepared to see that you get help, but the old saying "you can lead a horse to water but you can't make him drink" still applies. I hope you will accept my help, the kind of help I know from experience will be most successful in helping you reach better scolutions to your problem. The decision is yours."

PASTORAL

A Clergyman Discusses Problem Drinking

by Rev. H. D. Joyce, B.A.,B.D.

No one who has had the challenge and sometimes doubtful privilege of counselling a problem drinker, would begin to write brashly under such a heading. Memories of many failures will prick any fanciful claims to expertness. And even the dramatic success which has sometimes followed your efforts, leaves you wondering just what it was, or how, or who, that really contributed to the transformation. But whatever change may come from an honest and humble attempt to help a problem drinker, it is almost certain that the counsellor will himself be changed, and usually for the better.

For the purpose of these paragraphs, let us use the word "alcoholic" rather than problem drinker — partly because it is a simpler word, and partly to accustom ourselves to the term . . . in its proper meaning. By "alcoholic" we do not mean a skid-row derelict or drunken bum—although he may be so classified by prejudiced people.

A problem drinker is one who has a problem with alcohol, naturally; but we incline too easily to believe that if only he would cut out his stupid drinking practises he would automatically become a de-

cent citizen and father. This is to misunderstand the whole nature of the case and with a wrong diagnosis, it is almost impossible to discover a cure.

The term "alcoholic", on the other hand, describes a person who is suffering from a complex disease of the whole personality, and having discovered the deceptive relief of narcotic alcohol, uses it with such compulsion that he is not able to control the time, place or amount of his drinking.

This doesn't mean that he is constantly drunk, nor is he necessarily a wife-beater and child-neglecter, or any of the other caricatures which have been so frequently drawn. He is a man with a problem—often so deeply rooted and concealed that he doesn't know its real source or nature—but a problem which he cannot see over, or under, or around. And in beverage alcohol he has found a crutch for his weakness, a mute to soften the "fiend voices that rage," a narcotic to deaden the pain of being what he is.

(If this sounds like a preacher's purple passage, I can only offer that each of the above is a quote from men whom I have known intimately.)

Making Effective Contact

The first approach to a clergyman may well come from the man's family or friends. This is hard, because one of the hardest rules for a distracted family to accept is the fact that it is almost impossible to help a man until he himself wants to be helped. Frequently, in the loneliness of his inner pain, a good man will turn so violently against his family, friends and minister, that any attempt to reach him, will only drive him that much farther away, and delay by so much longer the possibility of a cure.

The well-meaning wife who will ask, "I wish you would go and talk to him, but don't let him know I told you or he'll be furious," is actually complicating the whole problem. Hard and dreadful though it may be, the surest and shortest way to recovery is usually to "let him go," until of his own tormented self he asks for help.

Alcoholics Anonymous used to stipulate "an honest desire to stop drinking." But experience has led them to delete the word "honest," and to move with understanding speed to help anyone who shows even the slightest desire to desire sobriety. If a preacher wants some sanctified justification for this, he might find it in the lines penned by some anonymous sinner who had discovered the abounding grace:

> Who so draws nigh to God one step through doubtings dim,
> God will advance a mile in blazing light to him.

Some Basic Assumptions

Assuming that a problem drinker has opened such a door to you, how do you go in? First, some basic assumption (and I am sorry if these

go contrary to established temperance thought): Remember that alcoholism is a symptom of sickness, and not necessarily the sickness itself.

There are people who overindulge on occasion, or even quite regularly, simply because "they like the stuff." Such people are hard to reach, and are not really what we mean by "problem drinkers" except to the doctor who has to try to counteract the effects of their liquor on their liver.

His Solution to His Problems

The real alcoholic, on the other hand, may hate everything about booze and describe it in the most loathsome terms, yet drink himself into bestiality with terrible regularity. He has a problem, and alcohol seems his only answer. It may be rooted in his family life, his job, his business concerns; it may be the result of personality defects, deep buried in his past; it may be an overpowering sense of inadequacy, in physique, in brainpower, in spiritual understanding. It may be a complex of emotions, so involved and ingrown that only an expert can root them out. But whatever and however, you can assume that he has a problem, and his drinking is the symptom.

Is he a sinner? Yes, in the sense that he may have broken many—or all — of the moral commandments, and suffers excruciating pains of remorse and fear. Remorse over the things which he remembers all too clearly and for which he can find no forgiveness; fear over the dreadful knowledge that during periods of drunkenness or alcoholic amnesia he may have done God knows what. And fear can assume such distorted proportions that it becomes a haze through which everything else is only dimly seen.

Is he a sinner? Yes, in the sense that he is separated from the purpose and grace and love of God. I have always thought it significant that when I asked a group of alcoholics what they wanted me to talk about, their one request was couched like this, "How can a good God have anything to do with a . . . . like me?"

What He Already Knows

But if you approach him on the grounds that he is a sinner because he is drinking too much, or because he has beaten his wife or neglected his children, or has conducted an adulterous affair with his neighbor's wife, it is unlikely that you'll get far into his real problem.

He knows, far better than you do, what he has done in all its obscenity. And you won't easily find words however harsh, that he hasn't used a thousand times on himself. It isn't your place to call him a sinner—he knows that—but he can't find the way out!

Is he sick? Well, if you are asking whether alcoholism is a physical disease, like an allergy response to the chemical constituents of al-

cohol, I think you will find that science still doesn't know, but doesn't think so.

But he is a sick man.

Physically, he may be ill from under-nourishment and over-indulgence in a harmful chemical which has had a medical effect on nerve tissues and vital organs.

Mentally he may be very ill, with problems magnified out of all true proportion and perspective, and with mental attitudes which make him emotionally incapable of logical thought.

Emotionally he may be ill through prolonged reaction to the attitudes of his family, friends, business associates, church people, etc. etc. Later on, he will recognize this as his "stinking thinking," but until he faces up to himself he will go on bitterly resenting it all, and hating the world in general.

And spiritually he is sick, being cut off from God and the fellowship of decency—partly ostracized by an outraged society, and partly by his own attitudes — again, his "stinking thinking."

He may well be smarting under the constant rebukes of well-meaning people, and the tearful exasperation of his closest loved ones.

He may have had more than one memorable run-in with good church people, and have been castigated roundly by a variety of clergy (to whom he may have gone with an inarticulate desire for help). The possibility of a bright-faced and smiling acceptance of what you are going to say to him may be somewhat remote.

Willing Understanding

How are you going to help him then? If there is any word that gives the key to it, it is "understanding." That's what we have been trying to do above — understand his basic motive in drinking, his physical and mental condition, his fears, his estrangement from life, his attitudes toward those who want to help.

Being willing to understand, listen to him! Let him talk. Listen to what he is trying to say. Usually it will be a hopeless garble of disjointed complaint and tearful confession. But listen, as he tries to purge his system of pent-up bitterness, resentment, remorse, frustration, fear, feelings of inadequacy, and the rest.

And whatever he may say, you are not wasting time. The apparent beating-around-the-bush may be his urgent and skilful testing of your reactions to many subtly-introduced areas of his life—all of it bent to discover whether you are the kind of man with whom he can share the deepest confidences of his soul.

Some things should go without saying in your approach to him: if you resent his resentments, and answer his bitterness with a similar bitter defence of your outraged ego, you had best leave this kind of counseling to others who are more secure in their calling.

And you must never relay infor-

mation which he has given to you; not even under the strongest urging of family or friend. Your betrayal of his confidence will almost certainly be found out sometime, and all you have built together will come tumbling down. Only if you have his explicit permission are you free to discuss his problem with anyone. And of course, all this will take more than one "interview."

Even the most skilled minister is a fool, and a conceited one at that, if he thinks he can lay bare, discover and correct problems which have accumulated through many year, and then somehow fortify an infant will so that it will be strong enough to face problems which are really staggering.

Friendship vs. Advice vs. Sympathy

Offer him friendship, but be careful about advice. Especially pious advice. Even if you are right, it is unlikely that he will be capable of receiving your counsel or acting on it effectively. It is a simple mater of physics that you can't cram ideas, even good ones, into a mind that is crammed full already. He has to get rid of so much before he can accept even a little.

Be careful with your sympathy. He will take great gobs of it if you will offer it, but it won't do him any good, and it can do much harm. Your well-meant words can fortify his feelings of inadequacy, and confirm his belief that in the eyes of God and men he is a hopeless case.

And be very careful about offering financial help in any form. What the average alcoholic needs first is to recover his lost sense of manhood, his independence, his self-respect, his confidence that he is able to meet and overcome his problems by the grace of God, the intelligence understanding of his friends, and the inner resources of his own reawakened and encouraged will.

Undoubtedly his first weeks or days on the road to recovery will be pretty shaky, and his provision for his family may be far short of what you or they would desire; but he needs to do it, by himself, and the very fact of their dependence upon him, and the sheer marvel of their survival through those days, will nerve him to keep on. To give him assistance, even when he pleads for it, may well be to take from him his sense of independence, and can prolong his ultimate recovery.

(At the same time, it is possible to arrange for assistance in such a way that he has responsibility for full repayment on a definite plan. This gets him over a rough spot without cutting at his self-respect.)

Traps to Avoid

Don't be misled into a feeling of victory just because he has stopped drinking. Some of the most stubborn alcoholics can go for months

without touching a drop. But unless the root cause of his problem is discovered and dealt with, you haven't really accomplished much more than a delaying action. And of all pitiful people, the "dry drunk" is surely one of the most desperate. Lost, still out of balance with the world, himself, and God, and miserable beyond reckoning.

We're looking for more than sobriety; we are looking for contented sobriety — wholeness of body, mind and soul.

And finally, resist, the subtle temptation to "play God" — to pull little strings of piety which you think will accomplish redemption and place another mark of victory beside your name. It is no accident that those who do "come back" always give credit to "the grace of God" by WHOM they are what they are. He alone created, and He alone can recreate.

Our whole function is to help a needy spirit to open again the lines of communication between itself and God—to bring a sick personality to the Divine Physician —a lonely man to the Lover of souls—a weak will to Him who is both Strength and Salvation.

I have not mentioned the various agencies in the community which stand ready to help with this type of problem. Partly, I am assuming that everyone knows of the work of Alcoholics Anonymous, and will realize that they are among the very first to whom an alcoholic should be guided for help. Practically everything I have said has been based on intimate knowledge of their methods and experience.

The Provincial Alcoholism Foundations are also excellent referral centres, and have skilled workers and resources which ought to be known to every pastor.

OTHER FOUNDATION SERVICES

- **ADVISORY SERVICES:**

  Professional advice and assistance on the problems of alcoholism.

- **AUDIO-VISUAL AIDS:**

  Films, tapes, records, and displays are available on loan.

- **CONFERENCES and SEMINARS:**

  To create a better understanding of the problems of alcoholism and methods of dealing with those problems.

- **INDUSTRIAL WORKSHOPS:**

  For the education of management, supervisory staffs, and general employees in Alberta industry.

- **ORIENTATION PROGRAMS:**

  For nurses, doctors, internes, penal officials, personnel managers, social workers, clergymen, teachers, and other groups.

- **PUBLICATIONS:**

  Progress, News Review, Digest on Alcohol Studies, and original brochures and pamphlets.

- **REFERENCE LIBRARY:**

  Books, pamphlets, and publications by authorities in the field of alcoholism.

- **SPEAKERS' BUREAU:**

  For professional, industrial, church, social, school, civic, and other groups requesting information.

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